



M E M O R A N D U M

Date: [Date]

To: [Department]
[Street Address]
[City], CA [Zip Code]

Attn: [PCO/Agency Officer Name, Title]
[Division]

From: Purchasing Authority Management Section, Acquisitions Branch
Procurement Division, Department of General Services

Subject: **PURCHASING PROGRAM COMPLIANCE REVIEW & ENTRANCE
CONFERENCE**
Delegation Number(s): [Delegation Number] and [Delegation Number]
Review Period: [Begin Date] – [End Date]
Entrance Conference: [Day, Date, Time]
Review Dates: [Dates]

The Department of General Services, Procurement Division, is responsible for conducting purchasing program compliance reviews as required by statute. In accordance with Public Contract Code Sections 10333(b) and 12101, a compliance review will be conducted of the purchase transactions entered into by your department utilizing the authority granted by the Procurement Division. The review will include delegated purchasing authority transactions, California Multiple Award Schedule orders, Master Agreement orders, Statewide Contract orders, State Price Schedule orders, Western States Contracting Alliance orders, transactions utilizing CAL-Card as the payment method, and collection of payment data. The review has been scheduled for the dates indicated above, beginning with an entrance interview, also as indicated above. You are encouraged to invite other relevant department staff to the entrance interview.

The documents and/or information listed below are required for the review. To ensure that the review is completed expeditiously and with as little disruption to your program as possible, please have these items readily available on the dates and at the time indicated above. Missing or misplaced documentation could unnecessarily extend the time required to complete the review.

1. Purchase documents for delegation program transactions for the delegation authority(ies) and review period indicated above.
2. CMAS orders for the review period indicated above.
3. Master Agreement orders for the review period indicated above.
4. Statewide Contract orders for the review period indicated above.
5. State Price Schedule orders for the review period indicated above.
6. Transactions utilizing CAL-Card as the payment method, including cardholder statements of account for the review period indicated above.

The following accommodations would be helpful while I am on site conducting the review:

1. A work space near the records to be reviewed.
2. The ability to leave materials out and undisturbed until the review is complete.
3. An electrical outlet.
4. Access to a telephone.
5. Availability of the delegation holder or designee to answer questions and provide information.

You will also be asked to provide payment information on a representative sample of transactions selected from the review period. A Payment Data Worksheet will be provided for you to complete the required payment information.

When the review is complete, a copy of the review report will be provided to you, the delegation holder.

If you need additional information or have any questions, please call me at (916) [reviewer phone number].

[Reviewer Name]

Acquisition Compliance Specialist
Purchasing Authority Management Section

cc [Delegation Contact Name, Title, and Department]